16:3

| * | | | _ | | | | | | |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------|-----------------------------------------|-------------------|-------------|--------------------------------------------------------------|--|--|
| 000 T- | E> | kempt Organization | | | | rn, | OMB No 1545-0687 | | |
| Form 990-T- | | | | der section 6033(| | 18000 | 004 | | |
| سر ۱ ن | For calendar year 2017 or other tax year beginning $07/01$, 2017, and ending $06/30$, 20 | | | | | 20 1 8 | 2017 | | |
| Department of the Treasury | | ► Go to www.irs.gov/Form990 | <i>T</i> for i | nstructions and the latest | information | | Ones to Public Inspection for | | |
| Internal Revenue Service | ▶ Do | not enter SSN numbers on this form a | | | | | Open to Public Inspection for 501(c)(3) Organizations Only | | |
| A Check box if address changed | | Name of organization (Check bo | ox if nar | me changed and see instruction | s) | | yer identification number yees' trust, see instructions) | | |
| | 4 | | | | | | | | |
| B Exempt under section | WIKIMEDIA FOUNDATION, INC. | | | | | | 20-0049703 | | |
| X 501(C 33.) | Print | Number, street, and room or suite no I | taPO | box, see instructions | | | | | |
| 408(e) 220(e | 1,700 | 1 MONTGOMERY CEREE | CII | TTP 1600 | | | ited business activity codes structions) | | |
| 408A530(a |) | 1 MONTGOMERY STREET | | | | | | | |
| 529(a) | 4 | City or town, state or province, country SAN FRANCISCO, CA 94 | | - · | | 45411 | 0 | | |
| C Book value of all assets at end of year | F Gro | oup exemption number (See instruction | | | | 42411 | | | |
| 145,850,778. | | eck organization type X 501 | | | \ terrot | 401/0) | trust Other trust | | |
| | | orimary unrelated business activity | | | trust (| 401(a) | trust Other trust | | |
| | | corporation a subsidiary in an affili | | | controlled group? | | . ▶ Yes X No | | |
| | | identifying number of the parent cor | | | ormoned group? | | | | |
| | | JAIME VILLAGOMEZ | poració | | e number ▶ 41 | 5-839- | 6885 | | |
| | | or Business Income | | (A) Income | (B) Expen | | (C) Net | | |
| 1a Gross receipts or | | | | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (-,,, | | | | |
| b Less returns and allow | | c Balance ▶ | 1c | 135,808. | | | | | |
| | | fule A, line 7) | 2 | 56,001. | | | | | |
| - | • | 2 from line 1c | 3 | 79,807. | | | 79,807. | | |
| | | attach Schedule D) | 4a | | | | | | |
| | | Part II, line 17) (attach Form 4797) | 4b | ¨ | | | | | |
| - , | | trusts | 4c | | | | | | |
| | | ps and S corporations (attach statement) | 5 | | | | | | |
| 6 Rent income (Sci | nedule C) | | 6 | | | • | | | |
| 7 Unrelated debt-fi | nanced in | ncome (Schedule E) | 7 | | | | | | |
| 8 Interest, annuities, roy | alties, and re | nts from controlled organizations (Schedule F) | 8 | | | | | | |
| 9 Investment income of | a section 50 | 11(c)(7), (9), or (17) organization (Schedule G) | 9 | | | | | | |
| 10 Exploited exempt | activity i | ncome (Schedule I) | 10 | | | | | | |
| 11 Advertising incor | ne (Sched | dule J) | 11 | | | | | | |
| 12 Other income (S | ee instruc | ctions, attach schedule) | 12 | | | | | | |
| | | ough 12 | 13 | 79,807. | | | 79,807. | | |
| | | Taken Elsewhere (See instr | | | | except for | or contributions, | | |
| | | t be directly connected with the | | | | 1 | <u> </u> | | |
| | | directors, and trustees (Schedule K) | | | | | 35,756. | | |
| 15 Salaries and wag | es | RE | ΛE | IV/ED | | 15 | 33,736. | | |
| 16 Repairs and mair | ntenance | | <u>UE</u> | INFD | | 16 | | | |
| 17 · Bad debts | | | | | | 17 | | | |
| 18 Interest (attach s19 Taxes and license | cnedule) | | 1.6 | 2019 9 | | 18 19 | | | |
| 20 Charitable contri | butions (| See instructions for limitation rules 4562). | | | | 20 | | | |
| 21 Depreciation (att | ach Form | 4562) L. OGI | ĴΕ̈́Ν | V IIT 21 | | 20 | | | |
| 22 Less depreciation | acii i oiiii n claimed | I on Schedule A and elsewhere on re | eturn | 222 | • | 22b | | | |
| | | | | | | | | | |
| | | compensation plans | | | | | | | |
| | | s | | | | | | | |
| | | Schedule I) | | | | | | | |
| | | Schedule J) | | | | l l | | | |
| | | schedule) | | | | | 46,369. | | |
| | | es 14 through 28 | | | | | 82,125. | | |
| | | ole income before net operating | | | | | -2,318. | | |
| | | ion (limited to the amount on line 30 | | | | | | | |
| | | e income before specific deduction | | | | | -2,318. | | |
| • | • | rally \$1,000, but see line 33 instruct | | | | | 1,000. | | |
| 34 Unrelated busin | ess taxa | ible income. Subtract line 33 fro | om lin | ne 32 If line 33 is grea | ter than line 3 | 20 | | | |
| enter the smaller | of zero or | rline 32 | | | D (| Th 20 | -2,318. | | |

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9:44:04 PM V 17-7.10 Form **990-T** (2017) PAGE 61

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Form 990-T (2017)

Enter here and on page 1,

Part I, line 7, column (B)

Corpor

Total dividends-received deductions included in column 8

Enter here and on page 1,

Part I, line 7, column (A)

| Schedule F - Interest, Annu | uities, Royalties, | and Ren | ts Fro | m Contro | led Or | ganizat | ions (see | instruction | ons) | |
|-------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------|---------------|-----------------------------------------------------|-------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------|
| , | | | | ntrolled Org | | | • | -1,1 | | 1. 1. 2. 2. 2.3 |
| 1 Name of controlled organization | 2. Employer identification number | 1 | | ated income nstructions) | ted income 4 Total of specified | | included | 5. Part of column 4 that is included in the controlling organization's gross income | | 6 Deductions directly connected with income in column 5 |
| (1) | | | | | | | | | | , , |
| (2) | | | | | | | | • | | |
| (3) | | 1 | | | | | 1 | | | |
| (4) | | | | | | | 1 | | | |
| Nonexempt Controlled Organiz | zations | | | | | | -1 | | | |
| 7 Taxable Income | 8 Net unrelated inco (loss) (see instruction | I . | | Total of specific ayments made | | includ | ert of column led in the co zation's gros | ntrolling | | Deductions directly nnected with income in column 10 |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| Totals | | on 501(| · · · · · · · · · · · · · · · · · · · | (9), or (17 | ▶) Orga | Enter Part | columns 5 a here and on I, line 8, colu | page 1, mn (A) | Ent | dd columns 6 and 11 ler here and on page 1, rt I, line 8, column (B) |
| 1 Description of income | 2 Amount of in | | | 3 Deduction directly con (attach sch | tions nected | | 4. Se | t-asides schedule) | | 5 Total deductions and set-asides (col. 3 plus col. 4) |
| (1) | | | | | | | | | | |
| (2) | | | ļ | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | Enter here and on | | ļ | | | | | | | Enter here and on page 1 |
| Totals | Part I, line 9, colu | ` , | er Tha | an Adverti | sing In | come (| see instru | ctions) | | Part I, line 9, column (B) |
| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expension directly connected production unrelate business income. | / with n of d | 4 Net incom from unrelati- or business in 2 minus coli If a gain, co- cols 5 thro | ed trade (column umn 3) empute | from ac | ss income ctivity that unrelated ss income | 6 Expe attributa colum | ble to | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | <u> </u> |
| (4) | | | | | | | | | | |
| Totals | Enter here and on page 1, Part I, line 10, col (A) | Enter here a page 1, Pa line 10, col | ırt I, | | | | | | | Enter here and on page 1, Part II, line 26 |
| Schedule J - Advertising In | come (see instruct | tions) | | ı. | | | | | | |
| Part I Income From Peri | | | nsoli | dated Bas | is | | | | | |
| Name of periodical | 2 Gross | 3 Directadvertising | t | 4 Adverti gain or (loss 2 minus co a gain, con cols 5 thro | ising s) (col I 3) If npute | | culation come | 6 Reade cost | - | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | - |
| (1) | | | | | | | | | | -{ |
| (2) | | | - | | } | | | | | - |
| (3) | | | | | | | | | | - ! |
| (4) | | | - | | | | | | | |
| Totals (carry to Part II, line (5)) | | | | | | | | | | Form 990-T (2017) |

Total. Enter here and on page 1, Part II, line 14,

| Part II Income From Per 2 through 7 on a | r iodicals Repo line-by-line basi | rted on a∋Sepa s.) | rate Basis (For | each periodica | I listed in Part II | , fill in çolumns |
|---------------------------------------------|----------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------|-------------------------|---------------------------------------------------------------------------------------------|
| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I ▶ | | | | | | |
| • | Enter here and on page 1, Part I, Inne 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) ▶ | | | | 4 , | ٠. | |
| Schedule K - Compensatio | n of Officers, D | irectors, and Tr | ustees (see instr | ructions) | | |
| 1 Name | | 2. | Title | 3 Percent of time devoted to business | 4 Compensatio unrelated | |
| (1) | | | | % | | |
| (2) | | | | % | | |
| (3) | | | | % | | |
| (4) | | | | % | | |

Form 990-T (2017)

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

PROFESSIONAL SERVICES 22,337.
BANK FEES 5,267.
MERCHANDISE FULFILLMENT COSTS 17,509.
OTHER EXPENSES 1,256.

PART II - LINE 28 - OTHER DEDUCTIONS 46,369.

Wikimedia Foundation, Inc

20-0049703

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| FORM 990-T, PAGE 1, PART II, 1 | NOL |
|--------------------------------|-----|
|--------------------------------|-----|

| YEAR ENDING | AMOUNT GENERATED | AMOUNT UTILIZED | YEAR UTILIZED | CARRYOVER |
|----------------|---------------------|--------------------|------------------|-----------|
| 6/30/2012 | 28,171 | | | 28,171 |
| 6/30/2013 | . 28,837 | | | 57,008 |
| 6/30/2014 | 50,236 | | , | 107,244 |
| 6/30/2015 | 56,028 | | , | 163,272 |
| 6/30/2016 | 4,635 | | | 167,907 |
| 6/30/2017 | 42,148 | | | 210,055 |
| 6/30/2018 | 2,318 | | | 212,372 |
| NET OPERATING | G LOSS CARRYOVER TO | 0 6/30/2019 | | 212,372 |

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